

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	NO	DEP	NO	DEP	NO	DEP	
1							
2							
3		2		1			
4		2		1			
5		2					
6		2		1			
7		2		1			
8		2					
9		2		2			
10		2		2			
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12		2		2			
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TOTAL NO.	2		2				
TOTAL DEP.	24		13				
TOTAL CLAIMS	30		17				
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TOTAL CLAIMS							